

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107088555**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		1		1			53						
4		3		3			54						
5		2		2			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		1		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		1		1			72						
23		1		1			73						
24		1		1			74						
25		1		1			75						
26		1		1			76						
27		1		1			77						
28	1						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.		3					TOTAL IND.						
TOTAL P.		35					TOTAL DEP.						
TOTAL AIMS		38					TOTAL CLAIMS						